

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SML	71043	4/5/95
O.I.P.E. CLASSIFIER		68/51	4/17/95
FORMALITY REVIEW			4/17/95

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date									
Final	Original	4	10	1	9	4	21	22	23	28
0	✓	✓	✓	✓	✓	✓				
1	✓	✓	✓	✓	✓	✓				
2	✓	✓	✓	✓	✓	✓				
3	✓	✓	✓	✓	✓	✓				
4	✓	✓	✓	✓	✓	✓				
5	✓	✓	✓	✓	✓	✓				
6	✓									
7	✓	✓	✓	✓	✓	✓				
8	✓	✓	✓	✓	✓	✓				
9	✓	✓	✓	✓	✓	✓				
10	✓	✓	✓	✓	✓	✓				
11	✓	✓	✓	✓	✓	✓				
12	✓	✓	✓	✓	✓	✓				
13	✓	✓	✓	✓	✓	✓				
14	✓	✓	✓	✓	✓	✓				
15	✓	✓	✓	✓	✓	✓				
16	✓	✓	✓	✓	✓	✓				
17	✓	✓	✓	✓	✓	✓				
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If more than 150 claims or 10 actions  
staple additional sheet here